



MedicareComplete®
provided through SecureHorizons®

Retiree Benefits Summary Insert

Prepared Exclusively For: State of Rhode Island

Group Number 50003 (H4102-801)

Effective January 1, 2009 to December 31, 2009

BENEFITS AND COVERAGE

YOUR COSTS

Insured by: UnitedHealthcare of New England, Inc.

This is a highlight of AARP® MedicareComplete® Plan benefits only and is not all inclusive of the Plan's benefits, services, limitations or exclusions. Please refer to the enclosed Retiree Benefits Summary booklet and your Evidence of Coverage and Disclosure Information for additional details. Keep this Retiree Benefits Summary Insert, together with your Retiree Benefits Summary, handy for your reference.

For general questions prior to enrollment call 1-888-422-6000, or for the hearing impaired TTY/TDD 1-866-832-8671, 6 a.m. to 7 p.m. PST, Monday through Friday, and 8 a.m. to 12 p.m. PST, Saturday.

Members call the number on the back of your membership card, or on the back cover of the Retiree Benefits Summary booklet.

Physician Services

- | | |
|--------------------------|---------------------------------|
| • Primary Care Physician | \$10 copayment per office visit |
| • Specialist | \$20 copayment per office visit |
-

Emergency Department Services

- | | |
|--------------------------------|---|
| • Within the United States | \$35 copayment, waived if admitted to the hospital within 24 hours for the same condition |
| • Outside of the United States | \$35 copayment, waived if admitted to the hospital within 24 hours for the same condition |
-

Urgently Needed Care

- | | |
|--------------------------------|---|
| • In-area/in-network provider | \$20 copayment, waived if admitted to the hospital within 24 hours for the same condition |
| • In-area/non-network provider | \$20 copayment, waived if admitted to the hospital within 24 hours for the same condition |
-

Ambulance Services

\$50 copayment

Inpatient Hospital Care

\$100 copayment per admission



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	For transplant services, you pay \$400 copayment for professional fees and other transplant related health services provided in a designated transplant facility.
Inpatient Mental Health Care	\$100 copayment per admission, 190 day lifetime maximum
Skilled Nursing Facility Care	\$0 copayment per day, days 1-20; \$0 copayment per day, days 21-100 up to 100 days per benefit period**, three-day prior hospital stay is not required.
Home Health Agency Care	
<ul style="list-style-type: none">• Home Care Visits	\$0 copayment per visit
Outpatient Mental Health Care	\$20 copayment per individual visit
	\$10 copayment per group visit
Partial Hospitalization Psychiatric Program	\$40 copayment per day
Outpatient Substance Abuse Services	\$20 copayment per individual visit
	\$10 copayment per group visit
Outpatient Hospital Services (includes observation, medical and surgical care)	\$0 copayment per surgery
Medicare-covered Outpatient Rehabilitation Services	
<ul style="list-style-type: none">• Comprehensive Outpatient Rehabilitation (CORF)	\$0 copayment
<ul style="list-style-type: none">• Cardiac and Pulmonary Rehabilitation	\$0 copayment
<ul style="list-style-type: none">• Occupational Therapy, Physical Therapy and Speech and Language Pathology Services	\$0 copayment



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Durable Medical Equipment (DME), Prosthetics, Orthotics (Corrective Appliances), Infusion Equipment and Supplies used in conjunction with the above	\$0 copayment for each Medicare-covered item
Diabetes Self Management Training	\$0 copayment for Medicare-covered diabetes self-management training
Diabetes Monitoring Supplies	\$0 copayment per item or up to a 30-day supply
Medical Nutrition Therapy	\$0 copayment
Imaging Procedures, X-rays and Portable X-rays Used in the Home <ul style="list-style-type: none">• Medicare-covered Standard X-rays• Complex Radiology Services and Imaging Procedures	\$0 copayment \$0 copayment
Laboratory Services	\$0 copayment
Radiation Therapy	\$0 copayment per visit
Medical Supplies	\$0 copayment per item
Blood and Its Administration	\$0 copayment
Kidney Dialysis	20% coinsurance at a network facility or at a Medicare-certified facility within the United States
Bone Mass Measurements	\$0 copayment
Colorectal Screening Exams	\$0 copayment



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Annual Screening Mammograms	\$0 copayment
Pap Smears and Pelvic Exams	\$0 copayment
Annual Prostate Cancer Screening Exams	\$0 copayment
Cardiovascular Disease Testing	\$0 copayment
Abdominal Aortic Aneurysm Screening	\$0 copayment for a Medicare-covered screening
Medicare-covered Physical Exams	\$0 copayment
Immunizations <ul style="list-style-type: none">• Flu, Pneumococcal Pneumonia, and Hepatitis B Vaccines	\$0 copayment
Medicare Part B-covered Drugs (Immunosuppressives, Oral Chemotherapy Drugs Including Anti-nausea Drugs, Inhalation Solutions)	20% coinsurance
Outpatient Injectable Medications - Self-Administered	Your MA-PD Plan covers these medications under Medicare Part D. The copayments outlined in the Outpatient Prescription Drugs section also apply for these medications.
Outpatient Injectable Medications - Administered in a Physician's Office	20% coinsurance
Outpatient Injectable Medications – Home Health	Your MA-PD Plan covers these medications under Medicare Part D. The copayments outlined in the Outpatient Prescription Drugs section also apply for these medications.



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Hemophilia Clotting Factors - (Self Administered, Administered in a Physician's Office, Home Health)	20% coinsurance
Antigens	20% coinsurance
Chiropractic Services	
• Medicare-covered	\$20 copayment per visit
• Routine (non-Medicare covered)	Not covered
Dental Services	
• Medicare-covered	\$20 copayment for each Medicare-covered dental service
Preventive (non-Medicare covered)	OptumHealth Dental. Coinsurance applies and discounts are available for procedures as specified in the OptumHealth Dental member materials.
Foot Care	
• Medicare-covered	\$10 copayment per each Medicare-covered visit with your primary care physician
	\$20 copayment per each Medicare-covered visit with a specialist or other health care professionals.
• Routine (non-Medicare covered)	\$20 copayment per visit/limit of 6 visits per year
Hearing Services	
• Medicare-covered diagnostic hearing exam	\$0 copayment per each Medicare-covered visit
• Routine hearing tests for hearing aids (non-Medicare covered)	\$0 copayment for routine hearing tests, up to 1 test every 12 months
• Hearing Aids	\$500 hearing aid allowance every 36 months



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Vision Services	
Eye care – medical need	
• Medicare-covered eye exam	\$20 copayment for each Medicare-covered vision service with your primary physician
• Medicare-covered eyewear only	\$75 credit for eyeglass frames, post cataract surgery
Routine Vision Services (non-Medicare covered)	
• Routine eye exam (refraction)	\$20 copayment for each refractive eye exam with a network provider, limited to one exam per year
• Routine eyewear or contact lenses	\$70 frame allowance every year
Annual Routine Physical Examination (non-Medicare covered)	Medicare initial preventive physical exam covered in full, \$0 copayment for annual routine physical examination
Optum® NurseLine	You pay \$0 for calls to the NurseLine, available 24 hours a day, every day to help you with health and medical questions or to find quality providers or assist you in scheduling appointments. Simply call 1-877-365-7949, or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for the phone number above 1-877-365-7949.
Wellness Advising	You pay \$0 for this program designed to help you address certain particular conditions (for example weight management or fall risk issues) associated with defined medical conditions or criteria.
Treatment Decision Support	The program provides you with access to advisors who assist you in making lifestyle behavior changes, as well as understanding risk factors associated with your health issues. The advisors provide you either printed materials or telephonic support to achieve your goal. You pay \$0 for calls to the NurseLine to help you make effective treatment decisions, find a quality doctor, schedule appointments, work more effectively



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with your doctor, find a resource for a second opinion or answer questions about a number of medical conditions and treatment options (back pain, knee or hip replacements, benign prostate problems, prostate cancer, breast cancer, benign uterine conditions (fibroids, endometriosis, uterine bleeding), coronary disease, obesity (bariatric surgery)). Simply call 1-866-247-8292, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-866-247-8292.

Access Support

You pay \$0 for calls to the NurseLine to help you find a quality doctor and schedule appointments. Simply call 1-877-365-7949, Monday through Friday, 9:00am to 7:00pm (Central Time) or for the hearing impaired, call the National Relay Center at 1-800-855-2880 and ask for 1-877-365-7949.

Out-of-Pocket Maximum (annual)

\$400

Out-of-Pocket Maximum

Applies to the following services:

Inpatient Hospital Care
Inpatient Mental Health
Skilled Nursing Facility Care
CORF
Emergency Department Services
Urgently Needed Care
Partial Hospitalization Psychiatric Program
Occupational Therapy, Physical Therapy and Speech Therapy
Outpatient Complex Radiology Services
Outpatient Laboratory Services
Outpatient X-Rays
Outpatient Surgery and Services
Outpatient Hospital Services
Cardiac Rehabilitation Services
Ambulance



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DME, Prosthetics/Medical Supplies
Kidney Dialysis

Medicare Part B drugs, DME, prosthetic or supplies
will not count toward OOP Max when obtained from a
pharmacy.

*Inpatient Hospital Copayments are charged on a per admission or daily basis. **Original Medicare hospital benefit periods do not apply.** For Inpatient Hospital, you are covered for an unlimited number of days as long as the hospital stay is medically necessary and authorized by United Healthcare or contracting providers. When you are admitted to an Inpatient Hospital and then subsequently transferred to another Inpatient Hospital, you pay the copayment charged for the first hospital admission. You do not pay a copayment for the second hospital admission; the copayment is waived.

**You are covered for up to 100 days per benefit period for inpatient services in a Skilled Nursing Facility, in accordance with Medicare guidelines. A Medicare benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row.

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AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, an MA organization with a Medicare contract. AARP is not an insurer. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons and MedicareComplete marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates.



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Outpatient Prescription Drugs

Your AARP® MedicareComplete® plan includes a Medicare-approved Part D drug benefit. You automatically receive Medicare Part D prescription drug coverage as a part of your benefit plan.

\$0 – \$2,700 Covered Drug Costs

Retail:

You pay a **\$3 copayment** Tier 1 preferred generic drug copayment/**\$28 copayment** Tier 2 preferred brand name drug copayment/**\$58 copayment** Tier 3 non-preferred drug copayment/**25% coinsurance** for Tier 4 specialty drugs per Prescription Unit or up to a 30-day supply

Mail Service:

You pay a **\$6 copayment** Tier 1 preferred generic drug copayment/**\$56 copayment** Tier 2 preferred brand name drug copayment/**\$116 copayment** Tier 3 non-preferred drug copayment/**25% coinsurance** for Tier 4 specialty drugs up to a 90-day supply through our contracted Mail Service Pharmacy

After your Covered Drug Costs reach \$2,700 in a calendar year

You are responsible for paying 100% of the cost of Covered Drugs, until your out-of-pocket costs reach \$4,350 in a calendar year.

After your yearly Out-of-Pocket Costs reach \$4,350

You pay the greater of \$2.25 for generic or a preferred brand drug that is a multi-source drug, and \$5.60 for all other drugs, or 5% coinsurance once your total out-of-pocket costs reach \$4,050.

The AARP® MedicareComplete® Standard Retiree Formulary applies for both retail and mail service prescriptions.



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Excluded Drugs

This section talks about drugs that are “excluded,” meaning they aren’t normally covered by a Medicare Prescription Drug Plan. If you get drugs that are excluded, you must pay for them yourself. We won’t pay for the exclusions that are listed in this section (or elsewhere in this booklet), and neither will the Original Medicare Plan, unless they are found upon appeal to be drugs that we should have paid or covered.

- A Medicare Prescription Drug Plan can’t cover a drug that would be covered under Medicare Part A or Part B.
- A Medicare Prescription Drug Plan can’t cover a drug purchased outside the United States and its territories.
- A Medicare Prescription Drug Plan can cover off-label uses (meaning for uses other than those indicated on a drug’s label as approved by the Food and Drug Administration) of a prescription drug only in cases where the use is supported by certain reference-book citations. Congress specifically listed the reference books that list whether the off-label use would be permitted. (These reference books are: American Hospital Formulary Service Drug Information, the DRUGDEX Information System, and USPDI or its successor.) If the use is not supported by one of these reference books, known as compendia, then the drug is considered a non-Part D drug and cannot be covered by our Plan.

By law, certain types of drugs or categories of drugs are not normally covered by Medicare Prescription Drug Plans. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs.” These drugs include:

1. Non-prescription drugs (or over-the counter drugs)
2. Drugs when used to promote fertility
(Your Plan Sponsor may have elected Bonus/Buy-Up prescription drugs as a supplemental benefit. Refer to your Prescription Drug Formulary Addendum.)
3. Drugs when used for the symptomatic relief of cough or colds
4. Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale.
5. Drugs, such as Viagra, Cialis and Levitra when used for the treatment of sexual or erectile dysfunction.
(Your Plan Sponsor may have elected Bonus/Buy-Up prescription drugs as a supplemental benefit. Refer to your Prescription Drug Formulary Addendum.)
6. Drugs when used for treatment of anorexia, weight loss, or weight gain.



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7. Drugs when used for cosmetic purposes or to promote hair growth.
8. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
9. Barbiturates and Benzodiazepines

(Your Plan Sponsor may have elected Bonus/Buy-Up prescription drugs as a supplemental benefit. Refer to your Prescription Drug Formulary Addendum.)

Members or enrollees enrolled in a MA-PD Plan may not enroll in any other Medicare Part D prescription drug plan (including an individual or group Prescription Drug Plan (PDP)). If you are enrolling or are enrolled in any other Medicare Part D prescription drug plan (including an individual or group Prescription Drug Plan (PDP)), you will be disenrolled from this MA-PD benefit plan.

The AARP® MedicareComplete® plans are SecureHorizons® Medicare Advantage plans insured or covered by an affiliate of UnitedHealthcare, PacifiCare Health Plans or Oxford Health Plans, Medicare Advantage Organizations with a Medicare contract. UnitedHealthcare pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members. The AARP® MedicareComplete® plans are available to all eligible Medicare beneficiaries, including both members and non-members of AARP. AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. This document is available in alternative formats. You must have both Medicare Part A and B, and must reside in the service area of the plan. You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. Your ability to enroll may be limited to certain times of the year. For more information contact your Plan Sponsor. Members must use network providers to receive plan benefits except under emergency or urgent care situations or for out-of-area renal dialysis. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or your State Medicaid Office. The plan's prescription drug benefit is only available to members of the Medicare Advantage with Prescription Drug (MA-PD) plan. If you are already enrolled in an MA-PD plan you must receive your Medicare Prescription Drug benefit through that plan. To receive the highest level of benefit you must use contracted network pharmacies to access your prescription drug benefit except in the case of emergency. The pharmacy network includes retail, mail order, long-term care, home infusion and I/T/U (Indian Health Service, Tribes or Urban Indian) pharmacy services. You may obtain your prescriptions from pharmacies outside the contracted network at a reduced benefit. Only Native Americans and Alaska Natives have access to I/T/U Pharmacies through the AARP®



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MedicareComplete® pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). If you have access to I/T/U facilities, you may have different out-of-pocket drug costs. For information about mail order, names and addresses of network pharmacies or for more information call Customer Service. AARP and the AARP Logo are trademarks or registered trademarks of AARP. The SecureHorizons and MedicareComplete marks are trademarks or registered trademarks of United Healthcare Alliance, LLC and its affiliates. The AARP® MedicareComplete® benefit packages, plan premiums, copayments/ coinsurance may vary by employer group, and service areas are all subject to change annually at the Medicare Advantage contract renewal time with the Centers for Medicare & Medicaid Services (January 1). Availability of coverage beyond the end of the current year is not guaranteed.